Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1 Administrative Data	Reporter name: [redacted]	Submission date:	Contact person (if different than reporter)	Internal ID *I-55334087*
	Address: *Virginia*		Address:	
	Phone #: [redacted]		Phone #:	
	Incident Status: *New*	Location and date of incident *Virginia* *09/23/2018*	Date registrant became aware of incident: *1/23/2019*	Was incident part of larger study?

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *228-366*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Glyphosate*	A.I. (s)	A.I. (s)
	Product 1 Name *Razor Pro Herbicide*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) *Own Residence*	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) *See Description Notes*
	Applicator certified PCO? *Not applicable*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description*		

1/23/2019 7:45:55 AM Chemtrec (Alex) transferred caller

Hx:
Skin contact with the product approximately 4 months ago. Caller reports just now (last few weeks) experiencing itching around ankles and legs. Caller questions if the product might be the cause of the symptoms?

A:
Discussed with caller that the reported reaction would not be expected to have such a long time frame delay before onset of dermal irritation. Recommended following up with healthcare provider to treat the described symptoms.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Demographic information Age: ***Unknown Adult (18-64)*** Sex: ***Male*** Occupation: (if relevant)	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***Not applicable***
If female, pregnant? ***Did not query***	Was exposure occupational? ***No*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: ***See Symptoms***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***On-site***	List signs/symptoms/adverse effects. ***Pruritus, More than 2 weeks;***		If lab tests were performed, list test names and results (If available, submit reports). ***Not Reported***
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: ***IIC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-55334087